

STATE OF CALIFORNIA

DEPARTMENT OF MANAGED HEALTH CARE

HEALTH CARE SERVICE PLAN

MONTHLY FINANCIAL REPORTING FORM




		1
1.	FOR THE MONTH ENDING:	January 31, 2002
2.	Name:	California Benefits Dental Plan
3.	File Number:(Enter last three digits) 933-0	308
4.	Date Incorporated or Organized:	August 6, 1991
5.	Date Licensed as a HCSP:	July 31, 1992
6.	Date Federally Qualified as a HCSP:	N/A
7.	Date Commenced Operation:	1-Aug-92
8.	Mailing Address:	3611 S. Harbor Blvd., Suite 150, Santa Ana, CA 92704
9.	Address of Main Administrative Office:	3611 S. Harbor Blvd., Suite 150, Santa Ana, CA 92704
10.	Telephone Number:	714-540-4255
11.	HCSP's ID Number:	
12.	Principal Location of Books and Records:	3611 S. Harbor Blvd., Suite 150, Santa Ana, CA 92704
13.	Plan Contact Person and Phone Number:	Valerie Clark (714) 540-4255
14.	Financial Reporting Contact Person and Phone Number:	Aaron Mishkin (714) 540-4255
15.	President:*	Valerie Anne Clark
16.	Secretary:*	George Wallace Ripley, III
17.	Chief Financial Officer:*	Eileen Ann Mallesch
18.	Other Officers:*	Marcia Ina Cantor-Grable
19.		Michael Dean Heard
20.		Gary Thomas Prizzia
21.		
22.	Directors:*	Suzanne Marie Schoch
23.		Janis Milroy
24.		
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The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

32. President	Valerie Anne Clark
33. Secretary	George Wallace Ripley, III
34. Chief Financial Officer	Eileen Ann Mallesch
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35. If this is a revised filing, check here: <input type="checkbox"/>	
36. If all dollar amounts are reported in thousands (000), check here <input type="checkbox"/>	
<div>Check My Work.</div>	

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

MONTHLY FINANCIAL REPORTING FORM
SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	Yes 
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No 

STATEMENT AS OF 1-31-2002 OF 933-0308 California Benefits Dental Plan

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	1,565,257
2. Short-Term Investments	65,898
3. Premiums Receivable - Net	94,077
4. Interest Receivable	
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	
7. Prepaid Expenses	11,427
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	125,770
10. Aggregate Write-Ins for Current Assets	0
11. TOTAL CURRENT ASSETS (Itemms 1 to 10)	1,862,429
OTHER ASSETS:	
12. Restricted Assets	50,000
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	103,403
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	0
18. TOTAL OTHER ASSETS (Items 12 to 18)	153,403
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	
20. Furniture and Equipment - Net	23,624
21. Computer Equipment - Net	54,469
22. Leasehold Improvements -Net	
23. Construction in Progress	
24. Software Development Costs	
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	78,093
27. TOTAL ASSETS	2,093,925
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001.	
1002.	
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701.	
1702.	
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	0

STATEMENT AS OF 1-31-2002 OF 933-0308 California Benefits Dental Plan

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
CURRENT LIABILITIES:	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable	21,334	XXX	21,334
2. Capitation Payable		XXX	0
3. Claims Payable (Reported)	20,966		20,966
4. Incurred But Not Reported Claims	7,115		7,115
5. POS Claims Payable (Reported)			0
6. POS Incurred But Not Reported Claims			0
7. Other Medical Liability			0
8. Unearned Premiums	567,030	XXX	567,030
9. Loans and Notes Payable	0	XXX	0
10. Amounts Due To Affiliates - Current	7,515	XXX	7,515
11. Aggregate Write-Ins for Current Liabilities	142,850	0	142,850
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	766,810	0	766,810
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)		XXX	0
14. Loans and Notes Payable (Subordinated)		XXX	0
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term	958,097	XXX	958,097
17. Aggregate Write-Ins for Other Liabilities	0	XXX	0
18. TOTAL OTHER LIABILITIES (Items 13 to 18)	958,097	XXX	958,097
19. TOTAL LIABILITIES	1,724,907	0	1,724,907
NET WORTH			
20. Common Stock	XXX	XXX	10,000
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	
23. Contributed Capital	XXX	XXX	324,076
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	34,942
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	0
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	369,018
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	2,093,925
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101. Accrued Payroll	142,850		142,850
1102.			0
1103.			0
1104.			0
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	142,850	0	142,850
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701. Possible PGAAP Items	0	XXX	0
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	0	XXX	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501.	XXX	XXX	
2502.	XXX	XXX	
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	0

STATEMENT AS OF 1-31-2002 OF 933-0308 California Benefits Dental Plan

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
MEMBER MONTHS:		
REVENUES:		
1. Premiums (Commercial)	249,911	249,911
2. Capitation		
3. Co-payments, COB, Subrogation		
4. Title XVIII - Medicare		
5. Title XIX - Medicaid		
6. Fee-For-Service		
7. Point-Of-Service (POS)		
8. Interest	3,801	3,801
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues	-624	-624
11. TOTAL REVENUE (Items 1 to 10)	253,088	253,088
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem		
14. Inpatient Services - Fee-For-Service/Case Rate		
15. Primary Professional Services - Capitated	75,771	75,771
16. Primary Professional Services - Non-Capitated	35,165	35,165
17. Other Medical Professional Services - Capitated		
18. Other Medical Professional Services - Non-Capitated		
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS		
20. POS Out-Of-Network Expense		
21. Pharmacy Expense - Capitated		
22. Pharmacy Expense - Fee-for-Service		
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	4,694	4,694
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	115,630	115,630
Administration		
25. Compensation	44,388	44,388
26. Interest Expense		
27. Occupancy, Depreciation and Amortization	16,234	16,234
28. Management Fees	-106	-106
29. Marketing	27,529	27,529
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration	-42,418	-42,418
32. TOTAL ADMINISTRATION (Items 25 to 31)	45,627	45,627
33. TOTAL EXPENSES	161,257	161,257
34. INCOME (LOSS)	91,831	91,831
35. Extraordinary Item	2	2
36. Provision for Taxes		
37. NET INCOME (LOSS)	91,829	91,829
NET WORTH:		
38. Net Worth Beginning of Period	597,155	597,155
39. Audit Adjustments	20,647	20,647
40. Increase (Decrease) in Common Stock		
41. Increase (Decrease) in Preferred Stock		
42. Increase (Decrease) in Paid in Surplus		
43. Increase (Decrease) in Contributed Capital		
44. Increase (Decrease) in Retained Earnings:		
45. Net Income (Loss)	91,829	91,829
46. Dividends to Stockholders		
47. Aggregate Write-Ins for Changes in Retained Earnings	-340,612	-340,612
48. Aggregate Write-Ins for Changes in Other Net Worth Items	0	0
49. NET WORTH END OF PERIOD (Items 38 to 48)	369,019	369,019

STATEMENT AS OF 1-31-2002 OF 933-0308 California Benefits Dental Plan

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001. Bad Debt Expense	-624	-624
1002.		
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	-624	-624
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301. Quality Assurance Audits	4,694	4,694
2302.		
2303.		
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	4,694	4,694
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101. Bank Charges	-2,530	-2,530
3102. DMHC Fees	2,355	2,355
3103. Office Expenses: Postage, Telephone, Supplies	9,023	9,023
3104. Miscellaneous	-51,266	-51,266
3105.		
3106.		
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	-42,418	-42,418
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701. Adjustments due to Sale of Plan	-340,612	-340,612
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	-340,612	-340,612
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801.		
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	0	0

REPORT #3: STATEMENT OF CASH FLOWS (Direct Method)

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation	250,535	250,535
2. Fee-For-Service		
3. Title XVIII - Medicare Premiums		
4. Title XIX - Medicaid Premiums		
5. Investment and Other Revenues	3,801	3,801
6. Co-Payments, COB and Subrogation		
7. Medical and Hospital Expenses	115,630	115,630
8. Administration Expenses	88,151	88,151
9. Federal Income Taxes Paid		
10. Interest Paid		
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	458,117	458,117
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets		
13. Proceeds from Investments		
14. Proceeds for Sales of Property, Plant and Equipment	-15,168	-15,168
15. Payments for Restricted Cash and Other Assets		
16. Payments for Investments		
17. Payments for Property, Plant and Equipment		
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	-15,168	-15,168
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock		
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates		
22. Principal Payments on Loans from Non-Affiliates		
23. Principal Payments on Loans from Affiliates		
24. Dividends Paid		
25. Aggregate Write-Ins for Cash Provided by Financing Activities	-537,564	-537,564
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	-537,564	-537,564
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	-94,615	-94,615
28. CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD	1,659,872	1,659,872
29. CASH AND CASH EQUIVALENTS AT END OF PERIOD	1,565,257	1,565,257
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income	91,829	91,829
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization	4,054	4,054
32. Decrease (Increase) in Receivables	44,492	44,492
33. Decrease (Increase) in Prepaid Expenses	4,855	4,855
34. Decrease (Increase) in Affiliate Receivables	-124,971	-124,971
35. Increase (Decrease) in Accounts Payable	200,514	200,514
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	12,989	12,989
37. Increase (Decrease) in Unearned Premium	24,466	24,466
38. Aggregate Write-Ins for Adjustments to Net Income	0	0
39. TOTAL ADJUSTMENTS (Items 31 through 38)	166,399	166,399
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	258,228	-74,570
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
2501. Change in Contributed Capital and Beginning Equity	-542,982	-542,982
2502. Increase in IBNR	5,418	5,418
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
TOTALS (Items 2501 thru 2503 plus 2598)	-537,564	-537,564
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME		
3801.		
3802.		
3803.		
3898. Summary of remaining write-ins for Item 38 from overflow page		
3899. TOTALS (Items 3801 thru 3803 plus 3898)	0	0

REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)

	1	2
	Current Period	Year-to-Date
CASH FLOWS FROM OPERATING ACTIVITIES:		
1. Net Income (Loss)	91,829	91,829
ADJUSTMENTS TO RECONCILE NET INCOME (LOSS) TO NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES:		
2. Depreciation and Amortization	4,054	4,054
3. Unrealized Gains/Losses on Equity Securities		
4. Gain/Loss on Sale of Assets		
5. Deferred Income Taxes	235,389	235,389
CHANGE IN OPERATING ASSETS AND LIABILITIES		
(Increase) Decrease in Operating Assets:		
6. Receivables	44,492	44,492
7. Prepaid Expenses	4,855	4,855
8. Affiliate Receivables	-124,971	-124,971
9. Aggregate write-ins for (increase) decrease in operating assets	0	0
Increase (Decrease) in Operating Liabilities:		
10. Trade Accounts Payable	200,514	200,514
11. Capitation Payable		
12. Claims Payable and IBNR	12,989	12,989
13. Other Medical Liability		
14. Unearned Premiums	24,466	24,466
15. Affiliate Payables		
16. Aggregate write-ins for increase (decrease) in operating liabilities	0	0
17. NET CASH PROVIDED (USED) IN OPERATING ACTIVITIES	493,617	493,617
CASH FLOW FROM INVESTING ACTIVITIES		
18. Proceeds from Restricted Cash and Other Assets		
19. Proceeds from Investments		
20. Proceeds for Sales of Property, Plant, and Equipment	-51,017	-51,017
21. Payments for Restricted Cash and Other Assets		
22. Payments for Investments		
23. Payments for Property, Plant, and Equipment		
24. Aggregate write-ins for cash flow provided by investing activities	0	0
25. NET CASH PROVIDED (USED) IN INVESTING ACTIVITIES	-51,017	-51,017
CASH FLOW FROM FINANCING ACTIVITIES		
26. Proceeds from Paid-in-Capital or Issuance of Stock	-537,215	-537,215
27. Loan Proceeds from Non-Affiliates		
28. Loan Proceeds from Affiliates		
29. Principal Payments on Loans from Non-Affiliates		
30. Principal Payments on Loans from Affiliates		
31. Dividends Paid		
32. Principal Payments under lease obligations		
33. Aggregate write-ins for cash flow provided by financing activities	0	0
34. NET CASH PROVIDED (USED) IN FINANCING ACTIVITIES	-537,215	-537,215
35. NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	-94,615	-94,615
36. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR	1,659,872	1,659,872
37. CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	1,565,257	1,565,257

REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 9 FOR (INCREASE) DECREASE IN OPERATING ASSETS		
901.		
902.		
903.		
998. Summary of remaining write-ins for Item 9 from overflow page		
999. TOTALS (Items 901 thru 903 plus 998)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR INCREASE (DECREASE) IN OPERATING LIABILITIES		
1601.		
1602.		
1603.		
1698. Summary of remaining write-ins for Item 16 from overflow page		
1699. TOTALS (Items 1601 thru 1603 plus 1698)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 24 FOR CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
2401.		
2402.		
2403.		
2498. Summary of remaining write-ins for Item 24 from overflow page		
2499. TOTALS (Items 2401 thru 2403 plus 2498)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 33 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
3301.		
3302.		
3303.		
3398. Summary of remaining write-ins for Item 33 from overflow page		
3399. TOTALS (Items 3301 thru 3303 plus 3398)	0	0

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NOTES TO FINANCIAL STATEMENTS

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STATEMENT AS OF 1-31-2002 OF 933-0308 California Benefits Dental Plan

KNOX-KEENE

SUPPLEMENTAL INFORMATION

PURSUANT TO SECTIONS 1300.84.06 AND 1300.84.2

	1		2	
1. Net Equity			\$	369,018
2. Add: Subordinated Debt			\$	0
3. Less: Receivables from officers, directors, and affiliates			\$	0
4. Intangibles			\$	103,403
5. Tangible Net Equity (TNE)			\$	265,615
6. Required Tangible Net Equity (See Below)			\$	59,979
7. TNE Excess (Deficiency)			\$	205,636
A. Minimum TNE Requirement	\$	Full Service Plans	\$	Specialized Plan
		1000000		50000
B. REVENUES:				
8. 2% of the first \$150 million of annualized premium revenues	\$		2% of the first \$7.5 million of annualized premium revenue	\$ 59,979
Plus			Plus	
9. 1% of annualized premium revenues in excess of \$150 million	\$		1% of annualized premium revenue in excess of \$7.5 million	\$ 0
10. Total	\$		Total	\$ 59,979
C. HEALTHCARE EXPENDITURES:				
11. 8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$		8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$
Plus			Plus	
12. 4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$		4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$
Plus			Plus	
13. 4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$		4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$
14. Total	\$		Total	\$
15. Required "TNE" - Greater of "A" "B" or "C"	\$		Required "TNE" - Greater of "A" "B" or "C"	\$